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ABSTRACT

The Multidimensional-Multiattributional Causality Scale (MMCS) is a goal-specific scale developed to assess locus of control in the areas of achievement and affiliation. The relationship between the MMCS and feelings of depression, hopelessness, and perceived stress was examined to validate the MMCS and determine if specific expectancies take precedence over generalized expectancies as predictors of relevant behavior. It was hypothesized that feelings of depression, hopelessness, and stress would be associated with individuals who attribute positive outcomes to external attributes and negative outcomes to internal attributes. Results generally supported the hypothesis. The two subscales of the MMCS were differentially related to these feelings thus lending support to the validity of the MMCS. The relationship between depression and hopelessness was due primarily to the psychological aspect of depression. The finding that life change units were not related to depression or hopelessness was unexpected, suggesting that for the experimental college student group, the amount of perceived stress due to life changes was sufficient to lead to feelings of externality, but not to feelings of depression and hopelessness. (Author)

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LOCUS OF CONTROL IN ACHIEVEMENT AND AFFILIATION (MMCS) AS RELATED TO PATHOLOGIES

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Since the mid 1960's, the concept of locus of control introduced by Rotter (1954,1966) has received much attention. Earlier research mostly used Rotter's Internal-External Control of Reinforcement Scale (1966); later different researchers began to revise the basic scale either to take care of some methodological problems (Levenson, 1974) or to make it more appropriate for populations other than college students (Crandall, et. al., 1965; Nowicki et. al., 1974). However, the functional utility of these newer scales has been relatively modest. Recently, several scales have been developed to assess the locus of control with respect to specific areas (Wallston et. al., 1976), and these goal specific scales seem to be more promising than the general I-E scale in the prediction of behavior. Most recently Lefcourt (1978) has tried another way to improve the predictability of this basic instrument by developing a goal specific scale assessing internal external control--the Multidimensional-Multiattributional Causality Scale (MMCS). Specifically, the MMCS was developed to assess the locus of control in the areas of affiliation and achievement. Each of the two subscales of the MMCS consists of 24 items balanced between success and failure, and causal attributes balanced for internality-externality and stability-instability. Preliminary data indicated that this may be a promising approach, and the present study is an attempt to test the validity of the MMCS scale by looking at the relationship between locus of control in affiliation/achievement and pathologies such as depression and hopelessness.

Miller and Seligman (1973) argued that depression results from the beliefs that reinforcement is independent of voluntary responses. Kuiper (1978) argued that internal attributions for failure may contribute to feelings of depression. Results like these suggest that there ought to be a relationship between externality and depression. Abramowitz (1969) did find a significant relationship between externality on the more general I-E scale and depression, but the relationship was very small. This led us to believe that if we use a goal specific I-E scale, maybe

the relationship can be brought out more clearly. Since depression tends to be closely associated with feelings of failure in the achievement or interpersonal area, the MMCS was a logical choice for this purpose.

In 1975, Beck observed that an attitude of hopelessness was characteristic of depressed individuals. Prociuk et. al. (1976) suggested that hopelessness may be an important concept for understanding a number of psychopathological processes. In their 1976 study, which found hopelessness relating positively to external locus of control and to depression, Prociuk (1976) further suggested that hopelessness may mediate between locus of control and depression. Thus, in addition to depression, we also explored the relationship between MMCS and a feeling of hopelessness.

Another related concept was the individual's perception of life crisis. Life crisis is not only closely associated with, but is frequently a cause of, depression. Locus of control is also associated with life crisis. Smith (1970) found changes in locus of control as a function of an individual's life crisis with a more internal attribution being exhibited with the resolution of one's life crisis. Smith suggests that life crisis may be another possible mediator between locus of control and other psychological processes such as depression and hopelessness; therefore, a scale measuring life crisis was also included in our study.

Thus, following the suggestion of Rotter (1954) and Lefcourt (1979) that specific expectancies take precedence over generalized expectancies as predictors of relevant behavior, the present study sought to investigate the relationships between locus of control in achievement/affiliation, and depression, hopelessness, and life crisis.

METHOD

A total of 61 undergraduate students from an eastern N. C. university were recruited for this study (20 males, 41 females). During a regular class session, Ss were given a questionnaire which consisted of demographic data such as sex, class year, .P.A., and four psychological scales. The first scale was Lefcourt's Multidimensional-Multiattributional Causality Scale (MMCS) consisting of two subscales, one dealing with affiliation, and the other dealing with achievement. Each scale has 24 items balanced according to Weiner's (1972) internality-externality, stability-unstability quadrant. Ss were asked to indicate his degree of agreement with each item stem on a four-point Likert scale. The second attitude scale was the Depression Scale developed by Zung (1965). It consists of 20 items, and each S was asked to indicate how frequently each of the 20 statements applies to him/her on a 4-point scale. Zung's self-rating depression scale divided commonly-found characteristics of clinically diagnostic criteria for depression into three subscales: pervasive affect, physiological concomitants, and psychological concomitants. The third attitude scale was Beck et. al.'s Hopelessness Scale (1975). The original Beck Scale has a true-false format, but was changed to a Likert format where each S was asked how much he/she agreed with each item on a 4-point scale. (A study is being conducted on the relationship between the true-false format and this Likert format on Beck's Scale which will not be reported in this summary.) Beck et. al. factored three subscales from their Hopelessness Scale, an affective component labeled feelings about the future, a motivational component labeled loss of motivation, and a cognitive component labeled future expectations. The fourth instrument was the Social Readjustment Rating Scale (Holmes and Rahe, 1967) with 43 life events. Ss were asked to check all events which apply to them during the past 12 months. Each event is assigned to specific number of "life change units." The total number of life change units was used to determine the subjects' perception of their current stress level. After data collection, Ss were thanked and provided with information about the purpose of the investigation.

RESULTS AND DISCUSSION

There was a tremendous amount of data to be analyzed and only the results of a few preliminary correlational analyses are discussed in this summary. No significant sex differences were found between male and female subjects on the major measures; therefore, males and females were combined for all subsequent data analyses.

I. Depression and MMCS

The total depression scale was negatively associated with internal attributions for both success and failure on the MMCS-Ach (-.23, $p < .05$; -.28, $p < .02$). Furthermore, of the two types of internal attributions, depression was more closely associated with Effort (-.33, $p < .005$), and neither the total depression scale nor any of its subscales were related to the Ability attribution. Maybe an individual is familiar with the limit of his/her ability and does not feel depressed when ability is low; but, when he/she makes an effort and still ends in failure or non-success, it results in a feeling of depression. Neither total depression nor any of its three subscales were related to locus of control in the affiliation area. Thus, there is a differentiation between MMCS-Ach and MMCS-Aff suggesting, for this group of college students, depression is primarily associated with achievement rather than with interpersonal relations.

II. Hopelessness and MMCS

The total hopelessness scale as well as the affective and motivation subscales were negatively associated with internal attribution for success on the MMCS-Ach (-.23, -.21, -.29 respectively, all significant beyond..05). Total hopelessness was also related to external attribution for failure on the MMCS-Aff (.24, $p < .05$). This pattern of relationship is quite puzzling; and, until more detailed analyses are conducted, the meaning of this pattern eludes us. The cognitive subscale of the hopelessness scale was related to external attribution of success and failure

on both MMCS-Ach and MMCS-Aff (.21; .28; .33; and .22, all significant beyond .05), and this subscale was not related to internality. This result is quite clearcut, a feeling of lack of control in either the achievement or the interpersonal area tends to increase hopelessness cognitively.

IV. LCU and MMCS

The number of life change units was related to externality for success and failure on both MMCS-Ach and MMCS-Aff (.28, .26, .36, and .22, all significant beyond .05). This indicates when individuals perceive more stress they tend to increase their feeling of externality in the achievement area as well as in the affiliation area. There was no other significant relationship between LCU and MMCS.

IV. Interrelationship Among Depression, Hopelessness, and LCU

Total depression was positively related to hopelessness (.43, $p < .001$), which is consistent with the arguments in the literature reviewed. Total depression was also related to the motivational and cognitive aspects of hopelessness (.45 $p < .01$; .28, $p < .05$), but not to the affective component of hopelessness. An interesting finding here was that the psychological subscale of the depression scale was significantly related to the total hopelessness scale and the three subscales (.52; .23; .47; .41; all significant beyond .05), while the other two depression subscales were not related to hopelessness. These results suggest that the relationship between depression and hopelessness is primarily due to the psychological aspect of depression, and not to the pervasive affect of the physiological aspect. The finding that life change units is not related to depression or hopelessness was unexpected. Maybe for this group of college students the amount of perceived stress caused by life changes was sufficient to lead to a feeling of externality, but not enough to lead to feelings of depression and hopelessness. LCU may have a more profound effect for a more pathological sample.

In conclusion, we found relationships between locus of control as measured by the MMCS and depression, hopelessness, and perceived stress caused by life change events. Furthermore, these pathologies were related in different ways to internal/external attributions in the achievement or affiliation domain. These findings lend support to the validity of this new scale. However, the relationships uncovered are very complicated and more research is needed to clarify the complexities which link locus of control to these pathologies. This study also provides some insight into the inter-relationships among depression, hopelessness, and perceived stress due to major changes in life.

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